



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN
SERVICES

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New Hampshire School Immunization Requirements 2011/2012

1. Children must have proof of all required immunizations, or valid exemptions, in order to attend the first day of school. Documentation of immunity by confirming laboratory test results is acceptable.
2. A child may be enrolled under conditional enrollment when the parent or guardian provides: (1) Documentation of at least one dose for each required vaccine; and (2) The appointment date for the next due dose of required vaccine. (He-P 300.13)
http://www.gencourt.state.nh.us/rules/state_agencies/he-p300.html
3. Look at the Minimum Age and Interval Table on page 2 for recommended minimum age and spacing information. All vaccine immunizations must meet minimum intervals and age requirements for that vaccine; a 4-day grace period is acceptable.

Medical and religious exemption information is available at:

<http://www.dhhs.nh.gov/dphs/immunization/exemptions.htm>

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Varicella	K-2 nd 2 Doses ¹	3 rd Grade 2 Doses ²	4 th – 5 th Grade 1 Dose ²	6 th – 8 th Grade 2 Doses ²	9 th – 12 th Grade 1 Dose ²
DTaP DT/DTP Td/Tdap	6 years and under: 4 or 5 doses, with the last dose given on or after the 4 th birthday. 7 years and older: 3 or 4 doses, with the last dose given on or after the 4 th birthday. 11 years and older: a one time dose of Tdap when more than 5 years have passed since the last tetanus toxoid containing vaccine; ³ then boost with Td every 10 years. If a child turns 11 on or after the first day of school, they are required to have Tdap prior to first day of the next school year.				
Polio	Grades K-12: 3 doses, with the last dose given on or after the 4 th birthday. ⁴ Or 4 doses regardless of age at administration. ^{4,5}				
MMR	Grades K-12: 2 doses required, at least one on or after the first birthday				
Hepatitis B	Grades K-12: 3 Doses at acceptable intervals				

¹ Varicella vaccination or laboratory diagnosis of chicken pox disease required.

² Varicella vaccination or history of chicken pox disease.

³ If the child has a medical contraindication to pertussis vaccine, the child shall receive Tetanus diphtheria toxoid (Td) vaccine.

⁴ If a combined IPV/OPV schedule was used, 4 doses are always required, even if the 3rd dose was administered after the 4th birthday.

⁵ Beginning 2012/2013 school year, incoming Kindergarteners will require the last two doses of polio vaccine to be separated by 6 months, and 1 dose after age 4 years.


New Hampshire School Immunization Requirements 2011/2012

Minimum Age & Interval for Valid Vaccine Doses				
Vaccine	Dose #	Minimum Age	Minimum Interval Between Doses	Notes
Hepatitis B HepB	HepB – Dose 1	Birth	4 weeks between Dose 1 & 2	Minimum age for Dose 3 is ≥ 24 weeks.
	HepB – Dose 2	4 weeks	8 weeks between Dose 2 & 3	
	HepB – Dose 3	24 weeks	16 weeks between Dose 1 & 3	
Diphtheria, Tetanus, and Pertussis DTaP/DT	DTaP – Dose 1	6 weeks	4 weeks between Dose 1 & 2	The fifth dose is not necessary if the fourth dose was administered at age 4 years or older.
	DTaP – Dose 2	10 weeks	4 weeks between Dose 2 & 3	
	DTaP – Dose 3	14 weeks	6 months between Dose 3 & 4	
	DTaP – Dose 4	1 year	6 months between Dose 4 & 5	
	DTaP – Dose 5	4 years	-----	
Polio IPV	IPV – Dose 1	6 weeks	4 weeks between Dose 1 & 2	If Dose 3 is given $\geq 4^{\text{th}}$ birthday, only 3 doses are required (if an all OPV or all IPV schedule) Advisory Committee on Immunization Practices (ACIP) recommends that the final dose in the IPV series should be administered at 4 years of age or older, regardless of the number of previous doses, and that the minimum interval between dose 3 and dose 4 be extended from 4 weeks to 6 months. This is not required for the 2011/2012 school year but will be required for incoming Kindergarteners for the 2012/2013 school year.
	IPV – Dose 2	10 weeks	4 weeks between Dose 2 & 3	
	IPV – Dose 3	14 weeks	4 weeks to 6 months between Dose 3 & 4	
Measles, Mumps, and Rubella MMR	MMR – Dose 1	12 months	4 weeks between Dose 1 & 2	If MMR, VAR, and nasal influenza vaccine are not given on the same day, they must be separated by at least 28 days.
	MMR – Dose 2	13 months	-----	
Varicella (chickenpox) VAR	VAR – Dose 1	12 months	3 months between Dose 1 & 2	If MMR, VAR, and nasal influenza vaccine are not given on the same day, they must be separated by at least 28 days. If Dose 2 was given ≥ 28 days after Dose 1, it is valid.
	VAR – Dose 2	15 months	-----	
Tetanus, Diphtheria, and Pertussis	Tdap – Dose 1	10 years		If a child turns 11 during the school year they are required to have Tdap by the first day of the next school year.


Immunization Requirements Preschool Students 3-5 Years Old

**Please refer to the Immunization Requirements School Year 2011/2012
for acceptable intervals and age requirements**


DTaP/DTP/DT

3-5 years	 Four doses - the third and fourth dose should be separated by at least 6 months.
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POLIO

3-5 years	 Three doses
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MEASLES, MUMPS, and RUBELLA (MMR)

3-5 years	 One dose on or after age 12 months.
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HAEMOPHILUS INFLUENZAE TYPE B (HIB)

3-5 years	 One dose after 15 months of age or  Four dose series with the last dose being administered at ≥ 12 months of age.  If the products PedVax HIB or Comvax have been used, 3 doses with one after 12 months of age is acceptable.  HIB is not required for children ≥ 5 years of age.
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HEPATITIS B VACCINE

3-5 years	 Three doses given at acceptable intervals.
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VARICELLA (CHICKEN POX) VACCINE

3-5 years	 One dose administered on or after age 12 months.  Documentation of immunity by confirming laboratory test results is required for incoming kindergarten students if child has not received varicella vaccine. *Report new suspected cases of varicella to: DHHS, Communicable Disease @271-4496.
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The 4-day grace period for minimum intervals and ages applies to the above requirements.

***Brand Names for Vaccines:**

Diphtheria, Tetanus, acellular Pertussis, (DTaP/ DT/DTP):

Infanrix®, Pediarix®, DT, Tetramune®, Daptacel®, Pentacel®

Diphtheria, Tetanus, acellular Pertussis and Polio (DTaP-IPV)

Kinrix

Tetanus diphtheria, acellular pertussis (Tdap)

BOOSTRIX® (Manufacturer: GlaxoSmithKline. May 3, 2005: approved for persons 10 through 64 years of age)

ADACEL® (Manufacturer: Sanofi Pasteur. June 10, 2005: approved for persons 11 through 64 years of age)

Haemophilus Influenzae Type B, (HIB):

ActHIB®, PedvaxHIB®, COMVAX®, Pentacel®, Hiberix®

Hepatitis B (HepB):

ENGRIX B®, Pediarix®, RECOMBIVAX®, or COMVAX®

Measles, Mumps, Rubella, (MMR):

MMRII

Measles, Mumps, Rubella and Varicella

ProQuad®

Polio, (IPV/OPV):

IPOL or Pediarix®, Pentacel®

Varicella (Chicken Pox, VAR):

Varivax®